



# Sick Leave Deduction Authorization

## Purpose of the Form

- Use this form to authorize PERSI to deduct from your sick leave entitlement and your monthly PERSI benefit to pay applicable employer-sponsored health, vision, dental, life, and long-term care insurance premiums.

## Instructions

- Complete the form and send it to PERSI.

**Note:** Notify PERSI in writing if at any time you want PERSI to stop deducting your premiums.

Member Information				
Name First		Middle	Last	Social Security Number
Mailing Address	Street or P.O. Box			
	City	State	Zip Code	
Daytime Phone Number Area Code		Phone Number		

Deduction Elections	
<input type="checkbox"/> <b>Election 1.</b> Deduct my insurance premiums from my sick leave entitlement.	<b>Result:</b> After the entitlement is depleted, your insurance premiums will be deducted from your monthly benefit unless you instruct PERSI otherwise.
<input type="checkbox"/> <b>Election 2.</b> Divide my sick leave entitlement into equal monthly payments, and deduct the remaining payment amount from my monthly benefit check.  Deduct this fixed amount from my sick leave entitlement. \$ _____	<b>Result:</b> After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check unless you instruct PERSI otherwise.
<input type="checkbox"/> <b>Election 3.</b> Deduct a percentage of each insurance payment from my sick leave entitlement, and deduct the remaining payment amount from my monthly benefit check.  Deduct this percentage from my sick leave entitlement. _____%	<b>Result:</b> This percentage will be used for all eligible insurances you carry. After the entitlement is depleted, the full amount of your insurance premiums will be deducted from your monthly benefit check unless you instruct PERSI otherwise.
<b>Election Change</b> <ul style="list-style-type: none"><li>• You cannot change an election after you choose it unless a "life event" changes your insurance policy (note that a normal premium increase is not a life event).</li><li>• Election 1 will be chosen for you if you do not select one of the elections above.</li></ul>	

Member Acknowledgment	
By participating in the sick leave program and by agreeing to have insurance payments administered by PERSI, I authorize PERSI to release certain information to my former employer and to the insurance company to service my insurance policies during the year and for annual renewals.  Idaho Code §67-5339 and §33-1228 require unexpended sick leave benefits to revert back to the general sick leave fund when a member dies and they cannot be transferred to a spouse or beneficiary. I understand that if I choose Election 2 or 3 such a reversion is more likely to occur because the benefits are spread over a longer period.	
Signature	Date

